

ASSEMBLYMEMBER MARTY BLOCK
78TH DISTRICT
CONSTITUENT ASSISTANCE FORM

- Visit my website at www.asm.ca.gov/block and click "contact me" or
➤ Please print this form, fill out in its entirety, and send it to my District Office by:
Mail: 7144 Broadway, 2nd Floor; Lemon Grove, CA 91945
Fax: (619) 462-0078

DATE _____ NAME* _____

ADDRESS* _____ CITY/ZIP* _____

PHONE* _____ FAX _____ EMAIL _____

**required information*

Please select the issue for which you are requesting assistance. Include any pertinent information to your case to the right. (include file numbers and relevant identification numbers).

- ☐ Environmental
- ☐ Department of Motor Vehicles
- ☐ Employment Development Department
- ☐ Labor
- ☐ Insurance
- ☐ Franchise Tax Board
- ☐ HMO/Health Organization
- ☐ Other State Agency _____
- ☐ Local Issue (trash services, potholes etc...)
- ☐ Federal Issue (immigration, social security, IRS, etc...)

Brief Explanation of the problem:

SUBJECT: _____

Have you contacted any other legislative office regarding this matter? **YES NO**

If so, which one? _____

Signature Required:

In accordance with the Privacy Act, I hereby authorize the 78th Assembly District Office to make inquiries on my behalf and facilitate the transfer of information to and from federal, state, and local agencies processing this request for assistance.

Signature

For Office Use Only:

Date Received: _____ **Assigned:** _____

[illegible]